

***Nebraska's Children's Mental Health and  
Substance Abuse State Infrastructure Grant (SIG)***

**STEERING COMMITTEE MEETING**

Thursday, December 8, 2005

Country Inn & Suites  
5353 N. 27<sup>th</sup> Street, Lincoln  
9:00 a.m. – 4:00 p.m.

**Members Present**

Richard Nelson	Brenda Fletcher	Brandon Fletcher
Elizabeth Dugger	Mary Steiner	Gary Henrie
Christine Peterson	Kathy Anderson	Jerry Easterday
Pat Lopez	John McVay	David Cygan
Denise Bulling	Marilyn Mecham	Beth Baxter
Mark DeKraai	Dennis Lewis	
Eleanor Kirkland (for Polly Feis and Doug Christensen)		

*Rich Wiener-Honored Guest*

Richard Mettler-Facilitator

**Meeting**

**A. Welcome and Introductions**

**B. Reviewed Meeting Agenda**

**C. Meeting Content & Overview**

Richard Mettler - People will ask when this project got off the ground and this is it. I have very high expectations for this meeting and I know we are going to accomplish a lot today.

Dick Nelson - Nebraska Medicaid reform plan has been released. I just wanted to make sure you are all aware. It was released on December 1, 2005. Next step is a public hearing on December 15<sup>th</sup> and that will complete all the preliminary work. I encourage you all to look at the report.

Address is: <http://www.hhss.ne.gov/med/reform/>

SIGs Vision

Design an integrated delivery system for children's mental health and substance abuse services.

**D. Desired Outcome #1: Agreement on the SIG Guiding Principles (Core Values and Beliefs)**

**AGREEMENT REACHED:**

- (1) Accountable (Outcome Based, Data Driven)
- (2) Child Centered and Family Driven/Youth Guided
- (3) Community Based

- (4) Comprehensive and Integrated
- (5) Culturally Competent
- (6) Fairness
- (7) Flexible Funding
- (8) Individualized
- (9) Preventative and Early Intervention
- (10) Strength Based

**E. Desired Outcome #2: An Understanding of the Logic Model as it Will be Used to Guide & Monitor Progress as the Work Unfolds**  
**Logic Model**

The model will change over time but this model can be used to describe the grant to policy makers, as well as others in the community. In addition, the sub-committees will be presenting their recommendations and strategies to the Steering Committee in this format.

The group decided to change the word “treatment” to “intervention” on the Logic Model. The group also requested a definition for the key terms on the Logic Model (Public Awareness, Promotion, Screening, Referral, and Intervention) to ensure every member was on the same page.

**F. Desired Outcome #3: A List of System Outcomes for SIG**

Richard Mettler - Good outcome statements are:

- 1. Specific and relevant
- 2. Measurable
- 3. Few and focused-Attainable (feasible and realistic)
- 4. Results oriented-stated in positive terms and in the present tense as desired outcomes

Example Outcome Statement (Not selected by the group)

*Fewer children in Nebraska are living in out-of-home care.*

Steering Committee Suggested Outcomes:

- 1. All access points lead to a coordinated and integrated array of intervention.
- 2. All Nebraskans know where to access mental health and substance abuse services when they need them.
- 3. Every child has access to services that meet their needs.
- 4. Nebraskans understand that mental health is essential to overall health.
- 5. Nebraska health care services and supports are integrated.
- 6. All children are safe, health, and successful.
- 7. Needs to be an outcome regarding transitioning from youth to adulthood (Not formulated at this meeting)

**Worksheet Provided by Richard Mettler**

	<b>From the December 8 SIG Steering Committee Meeting</b>	<b>Revised Drafts for Steering Committee Approval</b>
(1)	All access points lead to a coordinated and integrated array of intervention.	
(2)	All Nebraskans know where to access mental health and substance abuse services when they need them.	
(3)	Every child has access to services that meet their needs.  [Working in the notion of ‘timely services’ was discussed.]	
(4)	Nebraskans understand that mental health is essential to overall health.	
(5)	Nebraska health care services and supports are integrated.	
(6)	All children are safe, health, and successful.  [It is understood that this outcome statement needs additional work.]	
(7)	[Something yet to be formulated that gets at ‘transitioning to adulthood]	

**G. Briefing: Integrated Children's Mental Health and Substance Abuse  
Delivery Systems – Analysis of State Approaches, Mark DeKraai, UNPPC**

**[Presentation](#)**

**H. Briefing: State Ward Status, Sherri Haber, HHSS**

**[Document](#)**

**I. Briefing: State Ward Study, Rich Wiener, UNL**

**[Document](#)**

**J. Desired Outcome #4: Agreement on a Process for Reviewing Sub-Committee  
Reports**

The group agreed to use the Logic Model to organize recommendations by the sub-committees.

**K. Desired Outcome #5: Agreement on the Next Steps for Following Through on  
Agreements & Moving Forward with the Work**

**Date:** Thursday, January 12, 2006

**Time:** 9:30 a.m. to 3:00 p.m.

**Location:** Country Inn & Suites, 5353 N 27th, Lincoln Room

**Parking:** available at site

**Date:** Thursday, February 16, 2006

**Time:** 9:30 a.m. to 3:00 p.m.

**Location:** Country Inn & Suites, 5353 N 27th, Capitol Room

**Parking:** available at site

**Date:** Thursday, March 16, 2006

**Time:** 9:30 a.m. to 3:00 p.m.

**Location:** Country Inn & Suites, 5353 N 27th, Capitol Room

**Parking:** available at site

**Date:** Thursday, April 20, 2006

**Time:** 9:30 a.m. to 3:00 p.m.

**Location:** Country Inn & Suites, 5353 N 27th, Capitol Room

**Parking:** available at site